MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (2)

10926

CERTIFICATE OF DEATH

Reg. Dist. No. 11 e

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Maryland Hospital

Stay in hospital or inst. (yrs., or mos., or days): Still Born

Stay in this community (yrs., or mos., or days): Still Born

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 405 Race Street (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Stillborn Baby Boy Anderson

3. (b) Social Security Number: none

4. Sex: M

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: none

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): November 11th 1939

8. AGE: Years: Still Born | Months | Days | If less than one day: hrs. min.

9. Birthplace: Cambridge, Md. (Town, county, and state)

10. Usual occupation: none

11. Industry or business:

FATHER — 12. Name: Medford Anderson

13. Birthplace: Maryland

MOTHER — 14. Maiden name: Hazel Dodson

15. Birthplace: Maryland

16. Informant: Hospital Records

Address: Cambridge Maryland

17. Cremation (Burial, cremation, or removal. Which?) Date thereof Nov. 11, 1939 (month) (day) (year)

Cemetery or crematory: Cambridge Md. Hosp.

Location: Cambridge, Maryland

18. Funeral director:

Address:

19. 11-11-1939 (Date rec'd by registrar) John Meace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 11th 1939, about 0005 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov. 11th 1939, to Nov. 11th 1939, and that I last saw h alive on Still Born nov 11th 1939

	DURATION
Immediate cause of death: Intra-uterine asphixia	?
Due to the Mother's Late diffuse Peritonitis	7days
Due to Brothers Post-operative Confluent Bronchopneumonia	4 days
Other conditions: Prematurity of foetus (apprx 15 Weeks)	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: of Mother - Ruptured Gangrenous appendicitis, peritonitis

Of autopsy: — not done

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Eldridge H. Wolff M.D. M.D. or other

Address: Cambridge, Md. Date signed 11-11-39

RECEIVED
DEC 5 1939
BUREAU V. S.

10927

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 2 Ross St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

WITHIN CORPORATE LIMITS OF

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Dorchester

City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2 Ross St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Edith C. Bangert.

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Nicholas B. Bangert.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Nov 22, 1879

8. AGE: Years: 59 Months: 11 Days: 16 If less than one day ____ hrs. ____ min.

9. Birthplace: Wingate, Dorchester, Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Linn Wingate
13. Birthplace: Wingate, Md

MOTHER
14. Maiden name: Elizabeth Pritchett
15. Birthplace: Wingate, Md.

16. Informant: George Bangert
Address: Cambridge, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 10, 1939 (month) (day) (year)

Cemetery or crematory: Dorchester Memorial Park

Location: Cambridge Md

18. Funeral director: Frank E. Albaugh
Address: Cambridge, Md

19. 11-9 1939 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 8 1939, at 7:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1 1939, to Nov 8 1939, and that I last saw her alive on Nov 8 1939.

Immediate cause of death: chronic myocarditis & decompensation

DURATION: ?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: John Mace Jr. M. D. or other

Address: Cambridge Md Date signed: 11/9/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

10928

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH:
County Dorchester
City or town Golden Hill, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Rural-Near Punch Deland, meekins neck Road
Stay in hospital or inst. (yrs., or mos., or days) born
Stay in this community (yrs., or mos., or days) Still birth

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Golden Hill, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Punch Deland - meekins neck Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Still born infant - Briscoe

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife Still born

6(c) If e1ive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Still born

8. AGE: Years | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Golden Hill, Md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name John H. Dixon
13. Birthplace Madison, Maryland

MOTHER
14. Maiden name Helen Rodela Briscoe
15. Birthplace Golden Hill, Md

16. Informant Helen Briscoe
Address Golden Hill, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 12 / 39 (month) (day) (year)
Cemetery or crematory Meekins Neck Col. Cemetery
Location St Clements

18. Funeral director James Briscoe
Address Golden Hill, Md

19. Nov. 12 19 39 (Date rec'd by registrar) James D. Meares Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 19 39, at 11 45 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 12 19 39, to Nov. 12 19 39, and that I last saw Still born alive on Nov. 6 19 39.

Immediate cause of death	DURATION
Prematurity	
Due to 6 mos.	
Intrauterine Cyst.	
Due to other Cause unknown.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work? No

23. SIGNATURE James D. Meares M. D. (M. D. or other)
Address Fishing Creek, Md Date signed Nov 12/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

10929

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington St

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Washington

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Bessie Tyler Burton

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Oliver Ly Burton

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) ✓ ✓ 1887

8. AGE: Years 52 | Months ✓ | Days ✓ | If less than one day ____ hrs. ____ min.

9. Birthplace Robbins (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name Robert Tyler
13. Birthplace Robbins Md.

MOTHER
14. Maiden name Alice Robbins
15. Birthplace Robbins Md

16. Informant Rugie Burton

Address Cambridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/17/1939 (month) (day) (year)

Cemetery or crematory Sol. Smith Cemetery

Location Robbins Md

18. Funeral director G. S. Le Compte

Address Cambridge, Md.

19. 11-17 1939 (Date rec'd by registrar) John Meace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/15 1939, at 9.30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 11 1939, to Nov 15 1939, and that I last saw her alive on Nov. 15 1939

Immediate cause of death uremia — Nov. 12. 1939 with chronic diffuse nephritis

Due to Oral sepsis with general toxemia.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy none

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wylie M Faw M.D. M. D. or other

Address Cambridge Date signed 11-16-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10930

CERTIFICATE OF DEATH

Reg. Dist. No. 11 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Dorchester

City or town: Near Reid's Grove

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland. County: Dorchester

City or town: Near Reid's Grove. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Jane J. Camper

3. (b) Social Security Number: 219-07-3812

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife: Edward Camper

6(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): April 15th. 1891

8. AGE:

Years	Months	Days	If less than one day
48	7	3	hrs. min.

9. Birthplace: Dorchester C. Maryland. (Town, county, and state)

10. Usual occupation: House-work

11. Industry or business

FATHER — 12. Name: Elisha Jones

13. Birthplace: Dorchester Co. Md.

MOTHER — 14. Maiden name: Henrietta Jenkins,

15. Birthplace: Dorchester Co. Md.

16. Informant: Viola Hughes

Address: Vienna, Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 22nd 1939 (month) (day) (year)

Cemetery or crematory: Reid's Grove Cemetery

Location: Reid's Grove, Md.

18. Funeral director: J.J.Framptom & Son.

Address: Federalsburg, Md.

19. November 20 1939 (Date rec'd by registrar) Elizabeth W. Leaf Registrar

MEDICAL CERTIFICATION

P-M

20. DATE OF DEATH: November 18th. 1939, at 9-45

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 10th 1939, to November 18th 1939, and that I last saw h alive on November 10th 1939.

	DURATION
Immediate cause of death: Carcinoma of Breast.	I do not Know
Due to: I do not Know.	
Due to: I do not Know.	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Edward E. Lankford M. D. or other

Address: Vienna, Maryland Date signed 11/20/39.

V8 A15

RECEIVED
DEC 8 1938
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10931

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore State Hospital

Stay in hospital or Inst. (yrs., or mos., or days): 2 mos 13 days

Stay in this community (yrs., or mos., or days): " "

2. USUAL RESIDENCE (HOME) OF DECEASED:

(If newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Denton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ida Cannon

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widow

B (b) Name of husband or wife: Jno Cannon

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 13 1865

8. AGE:

Years	Months	Days	If less than one day
74	4	12	hrs. min.

9. Birthplace: Caroline County (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Domestic

FATHER — 12. Name: Thomas Andrew

FATHER — 13. Birthplace: Maryland

MOTHER — 14. Maiden name: Mandy Collins

MOTHER — 15. Birthplace: Maryland

16. Informant: Hospital Records

Address: State Hospital Cambridge

17. Buried (Burial, cremation, or removal. Which?) Date thereof 11-28-39 (month) (day) (year)

Cemetery or crematory: Denton Cemetery

Location: Denton, Md.

18. Funeral director: J. Virgil Gross & Son

Address: Denton, Md.

19. 11-26 1939 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 25 1939, at 3:26 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 12 1939, to Nov 25 1939, and that I last saw h alive on Nov 25 1939.

Immediate cause of death: Bronchio-pneumonia — DURATION 11/16/39

Due to: Myocardial failure

Due to: Circulatory inadequacy and Arteriosclerosis — 10/15/39

Other conditions: Fracture left hip (Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of 10/15/39

Where did injury occur? Cambridge (City or town) Dorchester (County) Md. (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Fall Injured at work?

23. SIGNATURE: Percy G. Hawkins M. D. or Other

Address: Cambridge, Md. Date signed 11/25/39

RECEIVED
DEC 5 1939
BUREAU V. S.

10932

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (119)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 2 Wells St.

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): 6 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge - Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2 Wells St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Lonnie J. Collins

3. (b) Social Security Number

4. Sex: Male

5. Color or race: C.

6.(a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: ✓

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 6 - 1939

8. AGE: Years: — Months: 6 Days: 16 If less than one day ____ hrs. ____ min.

9. Birthplace: Cambridge - Md
(Town, county, and state)

10. Usual occupation: ✓

11. Industry or business: ✓

FATHER
12. Name: Lonnie Collins
13. Birthplace: Georgia

MOTHER
14. Maiden name: Claretta Wilson
15. Birthplace: North Carolina

18. Informant: Claretta Collins

Address: 2 Wells St Cambridge

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 25-39 Md (month) (day) (year)

Cemetery or crematory: Silent City Cem.

Location: Cambridge, Md.

18. Funeral director: Lewis H. Bayneum

Address: Cambridge, Md

19. 11-24 (Date rec'd by registrar) 1939 John Nease Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 22 1939, at 6a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19__, to — 19__, and that I last saw h — alive on — 19__.

Immediate cause of death: Gastro-Enteritis — DURATION: 2 wks

Due to

Due to

Other conditions: ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations: ✓
Of autopsy: ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Jos. K. Shriver, D.M.E. M. D. or other

Address: Cambridge - Md Date signed: Nov 24/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1939
BUREAU V. S.

10933

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

186a

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Md. Hospital

Stay in hospital or inst. (yrs., or mos., or days): 4 weeks

Stay in this community (yrs., or mos., or days): 53 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 4 Linden Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Willie A. Condon

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Robt. Condon

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Aug 11 - 1856

8. AGE: Years 83 Months 2 Days 11 If less than one day ____ hrs. ____ min.

9. Birthplace: Vienna Md. R.F.D.
(Town, county, and state)

10. Usual occupation: none

11. Industry or business:

FATHER
12. Name: Isaac Hurley
13. Birthplace: Dor. Co.

MOTHER
14. Maiden name: Catherine Neal
15. Birthplace: Dor. Co.

16. Informant: Mrs. Wm. S. Cannon
Address: 4 Linden Ave. Camb, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 12 1939 (month) (day) (year)

Cemetery or crematory: Old Trinity - Church Creek Md.

Location: Church Creek, Md.

18. Funeral director: Kenneth R. Thomas
Address: Cambridge, Md

19. 11 - 10 1939 (Date rec'd by registrar) John Neace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 10 1939, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 12 1939, to Nov. 10 1939, and that I last saw her alive on Nov. 10 1939.

Immediate cause of death: ~~[illegible]~~ Fract. Right femur — DURATION: Oct 12 '39

Due to: followed by hypostatic pneumonia — Nov 4. 39

Due to: Fracture due to accidental fall. [illegible] In her home.

Other conditions: Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Comm. Fract. ~~Rt~~ Neck of Right femur
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: October 12, 1939

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): In her home.

Means of injury: Accidental fall. Injured at work?

23. SIGNATURE: Wylie M. Fuw M. D. or other

Address: Cambridge Md Date signed: 11-11-39.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 5 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

10934

CERTIFICATE OF DEATH

Reg. Dist. No. 114

1. PLACE OF DEATH

County Dorchester

City or town Lakesville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Lakesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Mary L. Dixon

3. (b) Social Security Number none

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife George S. Dixon

B(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1856

8. AGE: Years 83 Months ✓ Days ✓ If less than one day hrs. min.

9. Birthplace Lakes Dist. Dorchester, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name ~~Not Known~~ John Rippen
13. Birthplace

MOTHER
14. Maiden name ~~Not Known~~ Mary Wroten
15. Birthplace Dor Co Md

16. Informant Langston Dixon

Address Lakesville Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof 11/17/1939 (month) (day) (year)

Cemetery or crematory Family Burial grounds

Location Lakesville Md.

18. Funeral director S. S. Le Compte

Address Cambridge Md

19. Nov 17 1939 Mrs W. J. Cusick Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/15/39 19 , at 6:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 8 1939, to Nov. 15 1939, and that I last saw her alive on Nov. 15 1939.

Immediate cause of death Acute catarrhal Dysentery

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION
Months

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. H. Tacoma M. D. or other

Address Cambridge Md Date signed Nov. 17, 1939

RECEIVED
DEC 4 1959
BUREAU V. S.

Dr. L. G. Frazier

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

10935

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:
County Dorchester
City or town Near Hurlock Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 month 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Near Hurlock Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Near Hurlock
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Silva Solotta Dodtson

3. (b) Social Security Number none

4. Sex Female
5. Color or race Colored
6. (a) Single, married, widowed, or divorced single
6 (b) Name of husband or wife —
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) August 20th 1939
8. AGE: Years | Months 2 | Days 14 | If less than one day — hrs. — min.
9. Birthplace Hurlock Dorchester Maryland
(Town, county, and state)
10. Usual occupation —
11. Industry or business —
FATHER 12. Name Clayton Hubbard
13. Birthplace Caroline Co Md
MOTHER 14. Maiden name Edna Dotson
15. Birthplace Hurlock Dorchester Maryland
16. Informant Edna Dotson
Address Hurlock, Maryland Rural
17. Burial Date thereof Nov 3 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Washington Cemetry Colored
Location Near Hurlock Md
18. Funeral director Clayton Hubbard Father
Address Hurlock Maryland Rural
19. November 3 1939 Chas W Hastings
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/3 1939, at 12 10 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/31 1939, to 10/31 1939, and that I last saw her alive on 10/31/39 19
Immediate cause of death Malnutrition
Primary Cause: Prematurity.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G Roger Myers M. D. or other
Address Hurlock Date signed 11/3/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Authorization to change date of birth see form filed under Myers in permanent file. 1940.

RECEIVED
DEC 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10936

1. PLACE OF DEATH (97)

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. Eastern Shore State Hosp. St. Hosp. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. 2 mos. 9 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Watson Alonza Everett If U. S. Veteran, specify WAR ____

(a) Residence: No. Goldsboro St., ____ Ward. Maryland

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Jennie Zigler

6. DATE OF BIRTH (month, day, and year): July 18, 1864

7. AGE: Years 75 | Months 3 | Days 27 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): 1936

11. Total time (years) spent in this occupation: 55

12. BIRTHPLACE (city or town) (State or country): U. S. A.

FATHER

13. NAME: Amos Everett

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Victorine Hawkins

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Hospital Records Cambridge Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Greensboro Md. Date Nov. 18, 1939

19. UNDERTAKER (Address): R. B. Rawlings Greensboro Md.

20. FILED 11-15, 1939 John Mace Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. 14 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1939, to Nov. 14, 1939

I last saw him alive on Nov. 14, 1939; death is said to have occurred on the date stated above, at 11.55 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Generalized	
Arteriosclerose	Unknown
Cerebral arteriosclerose	

Other Contributory Causes of importance:

Senile Psychosis	1936

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) Kenneth B. Jones M. D.

(Address) Cambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
DEC 5 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10937

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(10T-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Pine Street
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) Life

WITHIN CORPORATE LIMITS OF

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 322 Pine Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Helen Green

3. (b) Social Security Number none

4. Sex: Fland
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or ~~wife~~ Lawrence Green Husband
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) May 29 1916
8. AGE: Years 23 Months 4 Days 9 If less than one day ____ hrs. ____ min.
9. Birthplace Cambridge Md (Town, county, and state)
10. Usual occupation House work
11. Industry or business none
FATHER 12. Name Walter Young
13. Birthplace Md
MOTHER 14. Maiden name Lizzie Carnish
15. Birthplace Md
16. Informant Walter Young
Address 322 Pine St Cambridge
17. Trappe Md (Burial, cremation, or removal. Which?) Date thereof Nov 8 1939 (month) (day) (year)
Cemetery or crematory Trappe Nov
Location Trappe Md
18. Funeral director Lewis H Bayne
Address Cambridge Md
19. 11-8 1939 John Mace Jr. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-6 1939, at 3:30 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-12 1939, to 11-6 1939, and that I last saw her alive on 11-5 1939.
Immediate cause of death Bronchopneumonia — DURATION 25 days
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. P. Boyes M.D. M. D. or other
Address 222 Pine St Cambridge Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1939
BUREAU V. S.

10938

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 112 pine St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Lifetime

WITHIN CORPORATE LIMITS OF

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 112 Pine St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alfred L. Henry

3. (b) Social Security Number none

4. Sex M

5. Color or race C

6. (a) Single, married, widowed, or divorced widow

6 (b) Name of husband or wife deceased. Maggie M. Henry

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Unknown. (Oct.)

8. AGE: Years about 65 | Months — | Days — | If less than one day — hrs. min.

9. Birthplace Dorchester Co. (Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business —

FATHER 12. Name Unknown.

13. Birthplace

MOTHER 14. Maiden name Annie Lawo.

15. Birthplace Maryland.

16. Informant Orine Henry

Address 112 pine St. Cambridge Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 26-39. (month) (day) (year)

Cemetery or crematory Cemetery.

Location Old Field, Md.

18. Funeral director Lewis A. Henry.

Address Cambridge Md.

19. 11-26 1939 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-23 1939, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-21 1939, to 11-23 1939, and that I last saw him alive on 11-22 1939.

Immediate cause of death Chronic myocarditis

DURATION few days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; ✓

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. S. Boyer M.D. M. D. or other

Address 222 Pine St. Cambridge Md. Date signed 11-26-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1939
BUREAU V. S.

10939

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-L)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T) (M)

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 14 Green
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 29

WITHIN CORPORATE LIMITS OF

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Cambridge Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 14 Green
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Daisy Victoria Jackson

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Alfred N. Jackson
6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): 6-29-1879

8. AGE: Years: 60 | Months: 4 | Days: 26 | If less than one day: hrs. min.

9. Birthplace: Talbot Co Md
(Town, county, and state)

10. Usual occupation: Home Maker

11. Industry or business:

FATHER
12. Name: Eastman Berridge
13. Birthplace: Md

MOTHER
14. Maiden name: Emma Short
15. Birthplace: Md

18. Informant: My Alfred N. Jackson
Address: Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/7/39 (month) (day) (year)
Cemetery or crematory: Dar Mem Park
Location: Cambridge Md

18. Funeral director: Lyle L. Crouch
Address: Cambridge Md

19. 11-7 1939 (Date rec'd by registrar) John Meade Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 5 1939, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 14 1939 to Nov 5 1939, and that I last saw h ER alive on Nov 5 1939.

Immediate cause of death	DURATION
Adenocarcinoma of cardiac portion of stomach	?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: M. F. Crouch M. D.
Address: Cambridge Md Date signed 11/6/39

RECEIVED
DEC 5 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

10940

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 409 Pine St

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 32 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 409 Pine (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lillie Johns

3. (b) Social Security Number none

4. Sex F

5. Color or race C

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Josiah Johns

6(c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) — — 1900 (1900)

8. AGE: Years 39 Months — Days — If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation housework

11. Industry or business

FATHER 12. Name Silas Gates

13. Birthplace Md

MOTHER 14. Maiden name Susan Waters

15. Birthplace Md

16. Informant Josiah Johns

Address 409 Pine St

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11 - 14 - 39 (month) (day) (year)

Cemetery or crematory White Haven

Location Wicomico Co - Md

18. Funeral director Lewis H. Dayneum

Address Cambridge, Md

19. 11-13 1939 John Mace Jr. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11 1939 7-55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 11 1939, to Nov 11 1939, and that I last saw her alive on Nov 11 1939.

Immediate cause of death	DURATION
Cerebral Haemorrhage	1 day
Due to Hypertension	2 yrs
Due to	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy ✓

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jos. K. Shriver Jr. M. D. or other

Address Cambridge Md Date signed Nov 11/39

RECEIVED
DEC 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10941

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Dor, Registration Dist. No. 110

Village or City East New Market No. St., Ward

(If death occurred in a horpital or institution, give its NAME instead of street and number)

Length of residance in city or town whare death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Odea Jones If U. S. Veteran, specify WAR .....

(a) Residence: No. Rachel Epple St., Ward .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	C	

5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, end year) nov 23-1939

7. AGE Years	Months	Days	If LESS then 1 day, ... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. —

10. Data deceased last workad at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Dor. Co. (State or country) Md.

FATHER

13. NAME Ide Singleterry

14. BIRTHPLACE (city or town) Illinois (State or country) U S

MOTHER

15. MAIDEN NAME Mary Otta Jones.

16. BIRTHPLACE (city or town) Wayne Co. (Stata or country) Dor. Co Md.

17. INFORMANT Ide Singleterry (Addrass) E. N. Market Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Thompson Town Date nov 24, 1939

19. UNDERTAKER Ide Singleterry Father (Address) East new market

20. FILED 11/24, 1939 Lebanon Harding Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH nov, 24, 1939 (Month) (Dey) (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from did not attend child only saw it while living to nov, 24, 1939, death is said I last saw h... alive on to have occurrad on the date stated above, at ..... m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:

	Date of onset
Atelectasis	
Dther Contributory Causes of Importance: —	

Name of operetion — Data of —

What tast confirmed diagnosis? — Wes thare en autopsy?

23. If death was due to externel ceusas (VIOLENCE) fill in aiso tha following:

Accident, suicida, or homicide? — Date of injury — 19....

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way reletad to occupation of deceasad? no

If so, specify .....

(Signed) L G Frazer M. D.

(Address) Hurlock md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED
DEC 5 1939
BUREAU V. S.

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (42)

CERTIFICATE OF DEATH

10942

Reg. Dist. No. 11 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Springfield Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 6

WITHIN CORPORATE LIMITS

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Springfield Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Isabella Christopher Larey

3. (b) Social Security Number No -

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Charles Larey
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): 12-24-1863
8. AGE: Years 75 | Months 10 | Days 13 | If less than one day ____ hrs. ____ min.
9. Birthplace: Church Creek Md (Town, county, and state)
10. Usual occupation: Home
11. Industry or business: ____
FATHER 12. Name: Mr Yates
13. Birthplace: Md
MOTHER 14. Maiden name: Eliza Christopher
15. Birthplace: Md
16. Informant: Mrs. John Jester
Address: Church Creek
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/8/39 (month) (day) (year)
Cemetery or crematory: Old Trinity
Location: Church Creek, Md
18. Funeral director: G S LeCompte
Address: Cambridge Md
19. 11-8-1939 (Date rec'd by registrar) John Meade Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 7 1939, at 10.15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 26 1939, to Oct 28 1939, and that I last saw her alive on Oct 28 1939

	DURATION
Immediate cause of death: Carcinoma of Uterus	7
Carcinoma	Oct. '39
Due to	
Due to	
Other conditions: Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Wylie M. Faw M. D. or other
Address Cambridge Md. Date signed Nov. 8. 1939

RECEIVED
DEC 5 1939
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122-G)

10943

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester

City or town Near Federalsburg

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Federalsburg Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. R.F.D.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War.

3. (a) FULL NAME Wm T. Lathbury

3. (b) Social Security Number none

4. Sex M.

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Eliz Neal

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct 4, 1887

8. AGE: Years 52 Months 1 Days 6 If less than one day ____ hrs. ____ min.

9. Birthplace Delaware (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name John Lathbury

13. Birthplace Delaware

MOTHER 14. Maiden name Mary Coffin

15. Birthplace Delaware

16. Informant Marg. Hastings

Address Federalsburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 13, 1939 (month) (day) (year)

Cemetery or crematory Hebbon Church

Location Near Seaford Del.

18. Funeral director M. S. Watson & Sons.

Address Seaford, Del.

19. Nov 13 1939 (Date rec'd by registrar) Chas W Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 10 1939, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/9 1939 to 11/10 1939, and that I last saw h 100 alive on 11/10/39 19

Immediate cause of death Acute Intestinal Obstruction — DURATION 2 days

Primary cause: Unknown. Q.W.G.R.

Due to Unknown.

Physician only saw patient several hours before death. Therefore, it is impossible for him to determine the primary cause of the intestinal obstruction.

Due to

Other conditions Extreme Malnutrition

(Include pregnancy within 8 months of death)

Major findings:

Df operations ✓

Df autopsy ✓

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Frank M. Anderson M. D. or other

Address Federalsburg Md. Date signed 11/13/39

RECEIVED
DEC 5 1939
BUREAU V. S.

10944

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. 412 Hoyplett St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stillborn Tecompte If U. S. Veteran, specify WAR

(a) Residence: No. 412 Hoyplett St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 11/30/38

7. AGE Years: 5½ mo. Months: Miscarriage Days: If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge, Md

FATHER

13. NAME George Tecompte

14. BIRTHPLACE (city or town) (State or country) Cambridge Md.

MOTHER

15. MAIDEN NAME Mildred Hinty

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) Geo. Tecompte Cambridge Md.

18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Md Date 11/30/, 1938

19. UNDERTAKER (Address) Geo. Tecompte Cambridge Md.

20. FILED 11/30/, 1938 John Moore Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 30 (Day), 1938 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 11/30/, 1938, to 11/30/, 1938

I last saw him alive on Nut at all; death is said to have occurred on the date stated above, at 6.45 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

5½ mo Miscarriage (Cause unknown)

Date of onset

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John Moore Jr M. D.

(Address) Cambridge, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED DEC 5 1933 BUREAU OF

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

10945

Reg. Dist. No. 11 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 333 West End Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

WITHIN CORPORATE LIMITS OF

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 333 West End ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Marie Hankitt Mukins

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife William W. Mukins

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 19, 1867

8. AGE:

Years	Months	Days	If less than one day
72	8	26	hrs. min.

9. Birthplace Fork District, Dorchester Co. (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER

12. Name Benjamin Hankitt

13. Birthplace Dorchester Co. Md

MOTHER

14. Maiden name Betsey Wright

15. Birthplace Dorchester Co. Md.

16. Informant Gilbert E. Mukins

Address Cambridge Md.

17. Burial Date thereof Nov 17, 1939

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Episcopal Cemetery

Location Cambridge, Md.

18. Funeral director Frank E. Albaugh

Address Cambridge, Md

19. 11-17 1939 filed Grace P.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 15 1939, at 4 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 4 1937, to Nov 15 1939, and that I last saw h alive on Nov 16 1939.

	DURATION
Immediate cause of death Uraemia	3 days
Due to Chronic Nephritis	10 yrs
Due to Volvular Heart Disease	20 yrs
Other conditions Arteriosclerosis	20 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Herbert Ellingsworth M.D.

M. D. or other

Address Cambridge Md Date signed 11-16-1939

RECEIVED
DEC 5 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10946

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 36 Edgewood Avenue
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 8 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Cambridge Ward No. 2nd
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 36 Edgewood Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Henry Mabray

3. (b) Social Security Number: 214-07-9545

4. Sex: Male
5. Color or race: Col
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Isabella Mabray
6(c) If alive, give age: 29 years
7. Birth date of deceased (mo., day, yr.): March 21 1896

8. AGE: Years: 43 Months: 7 Days: 25 If less than one day: hrs. min.

9. Birthplace: South Carolina (Town, county, and state)
10. Usual occupation: Gen Laborer
11. Industry or business: Factory work
FATHER
12. Name: Unknown
13. Birthplace: South Carolina
MOTHER
14. Maiden name: Unknown
15. Birthplace: South Carolina
16. Informant: Isabella Mabray
Address: Cambridge Dor., Co., Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 19 1939 (month) (day) (year)
Cemetery or crematory: Waugh Cemetery
Location: Cambridge Md
18. Funeral director: H M S Clean
Address: 308 Muir St Cambridge Md.
19. 11-18 1939 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 16th 1939 at 11 a.m. 30 m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 10th 1939, to Nov 16th 1939, and that I last saw him alive on Nov 11th 1939.
Immediate cause of death: Apoplexy
Due to: Acute Nephritis
Due to: None
Other conditions: None
(Include pregnancy within 3 months of death)
Major findings:
Dt operations: None
Dt autopsy: None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Thos L Coll M D M. D. or other
Address: Cambridge, Md. Date signed: Nov 16 1939

RECEIVED
DEC 5 1939
BUREAU V. S.

10947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (22)

CERTIFICATE OF DEATH

Reg. Dist. No. 119

1. PLACE OF DEATH:

County: Dorchester

City or town: Wingates, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: R. F. D.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 15-2-16

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Wingate, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ina Beatrice Murrelle

3. (b) Social Security Number: no

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Aug 18 - 1924

8. AGE: Years 15 | Months 2 | Days 16 | If less than one day ____ hrs. ____ min.

9. Birthplace: Dorchester Co.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER
12. Name: Granville L. Murrelle
13. Birthplace: Toddville, Md.

MOTHER
14. Maiden name: Rena B. Jones
15. Birthplace: Bishops Head, Md.

16. Informant: Granville L. Murrelle
Address: Wingate, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 6-1939 (month) (day) (year)

Cemetery or crematory: Toddville, Zion M.E.

Location: Zion M.E. Church Yard

18. Funeral director: Kenneth R. Thomas
Address: Cambridge, Md.

19. Nov 6 1939 (Date rec'd by registrar) Wilson D. Pritchett, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 4 1939, at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 18. 1939, to November 4. 1939, and that I last saw h____ alive on ____ 19____

Immediate cause of death: Pulmonary Tuberculosis Bilateral — DURATION: one year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: W. F. Lands M. D. ~~or other~~

Address: Cambridge, Md. Date signed: 11/6/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (140)

CERTIFICATE OF DEATH

10948

Reg. Dist. No. 116

WITHIN CORPORATE LIMITS OF CITY

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Cambridge Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 mo 16 days

Stay in this community (yrs., or mos., or days) all life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 5 Cedar St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Bessie Payne

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	Col	married

6 (b) Name of husband or wife Jesse Payne

6(c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) Feb 13 1912

8. AGE: Years	Months	Days	If less than one day
27	9	6	____ hrs. ____ min.

9. Birthplace Cambridge Md. (Town, county, and state)

10. Usual occupation Housework.

11. Industry or business Home

FATHER 12. Name Eugene Woolford

13. Birthplace Maryland

MOTHER 14. Maiden name Martina Wroe

15. Birthplace Maryland.

16. Informant Jesse Payne

Address Cambridge Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 23 (month) (day) (year)

Cemetery or crematory Cambridge Bethel

Location Cambridge Md

18. Funeral director Jennie Boyce

Address Cambridge Md.

19. 11/20/38 (Date rec'd by registrar) 19 38 Johnsmoody Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/19 1938 at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 4 1938 to Nov 15 1938, and that I last saw h[illegible] alive on Nov 15 1938.

	DURATION
Immediate cause of death General peritonitis	Oct 4, 38
Due to Incomplete abortion	Oct 3, 38
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations D + C. Oct 4, 1938

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE Johnsmoody Jr M.D. M.D., or other

Address Cambridge Md. Date signed 11/20/38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

10949

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge WITHIN CORPORATE LIMITS

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Willis St. Cambridge

Stay in hospital or inst. (yrs., or mos., or days) Maryland

Stay in this community (yrs., or mos., or days) Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Willis St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Powdery

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	S

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 23. 1939

8. AGE: Years | Months | Days | If less than one day

Stillborn ____ hrs. ____ min.

9. Birthplace Cambridge, Md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Watson Powdery

13. Birthplace Wingate, Md

MOTHER 14. Maiden name Frances Roberson

15. Birthplace Wingate, Md

16. Informant Watson Powdery

Address Willis St Cambridge Md

17. Cremation (Burial, cremation, or removal. Which?) Date thereof Nov. 23-1939 (month) (day) (year)

Cemetery or crematory at

Location Cambridge-

18. Funeral director Maryland Hospital

Address Cambridge, Md.

19. 11-23 (Date rec'd by registrar) 1939 John Meade Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23 1939, at 2:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 23 1939, to Nov. 23 1939, and that I last saw him alive on Stillborn Nov 23 1939

Immediate cause of death	DURATION
Premature birth (4½ months size uterus)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE R. H. Trower M. D. or other

Address Cambridge, Md. Date signed Nov. 24, 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82a)

CERTIFICATE OF DEATH

10950

Reg. Dist. No. 119

1. PLACE OF DEATH:

County Dorchester

City or town Toddville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 73-9-3

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Toddville Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Elbridge Robinson

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married —

6 (b) Name of husband or wife Bertha M Robinson

— 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2-7-1866

8. AGE: Years 73 Months 9 Days 3 If less than one day ___ hrs. ___ min.

9. Birthplace Toddville Md (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business "Boat"

FATHER 12. Name Wm I Robinson

13. Birthplace Toddville Md

MOTHER 14. Maiden name Nancy Bramble

15. Birthplace Maryland

16. Informant Mrs Hiram L Johnson

Address Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/12/39 (month) (day) (year)

Cemetery or crematory Church

Location Toddville Md

18. Funeral director G S L Campbell

Address Cambridge Md —

19. Nov 12 1939 (Date rec'd by registrar) Wilson D Pritchett Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 10 1939, at 4.45 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 9 1939, to November 10 1939, and that I last saw his alive on November 9 1939

Immediate cause of death Left Cerebral Hemorrhage — DURATION 11/9/39

Due to Generalized arteriosclerosis

Due to Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W H Rawls M. D. or other

Address Cambridge Md Date signed 11/12/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10951

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (46-F)

County Dorchester Registration Dist. No. 11 C

Village or City Hurlock No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth A Rue If U. S. Veteran, specify WAR

(a) Residence: No. Hurlock St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Geo. M. Rue

6. DATE OF BIRTH (month, day, and year): Mar 18 1864

7. AGE: Years 75 | Months 8 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Henry Webb

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Adline Reid

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Ethel Rue Hurlock

18. BURIAL, CREMATION, OR REMOVAL

Place Hurlock Date Nov 21, 1939

19. UNDERTAKER: F. B. Wallace Hurlock Md

(Address)

20. FILED Nov 21, 1939 Chas W Haslinger

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 20th (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from February, 1935, to November, 1939

I last saw her alive on November 20th, 1939; death is said to have occurred on the date stated above, at 9 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
1. Carcinoma of the head of the pancreas	Unknown
2. Chronic bronchitis	Unknown
3. Congestive heart failure	Nov. 16th, 1939
4. Terminal bronchopneumonia	Nov. 17th, 1939

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Signs. Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Lida A Meredith M. D.

(Address) Cambridge, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED DEC 5 1928

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107-a

CERTIFICATE OF DEATH

19952

Reg. Dist. No. 110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Williamsburg - Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 74 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Williamsburg - Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Skinner's Run
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Elizabeth Ann Stanley

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widowed

B (b) Name of husband or wife Alfred Stanley

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May — 1865

8. AGE:

Years	Months	Days	If less than one day
74	6	—	____ hrs. ____ min.

9. Birthplace Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own Home

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden name Rachael Ann Caplas
15. Birthplace Dorchester County, Maryland

16. Informant George E. Stanley

Address Hurlock, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof December 2, 1939 (month) (day) (year)

Cemetery or crematory Skinner's Run Cemetery

Location Near Williamsburg, Maryland

18. Funeral director J. K. Trumpeter & Son

Address Federalsburg, Maryland

19. Dec 2 1939 (Date rec'd by registrar) Chas. V. Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 28 1939, at 5:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 18 1939 to Nov 28 1939, and that I last saw h[illegible] alive on Nov 27 1939.

Immediate cause of death	DURATION
Bronchopneumonia	12 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE W. E. Lemmon M.D.
M. D. or other

Address Federalsburg Md. 1 Date signed 11/29/39

RECEIVED
JAN 6 1940
BUREAU V. S.

10953

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94P)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 121 Peachblossom Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) all of life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 121 Peachblossom Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Houston Malone Twilley

3. (b) Social Security Number 214-07-9193

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife Florence Goslin

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) January 30, 1882

8. AGE:

Years	Months	Days	If less than one day
57	9	2	____ hrs. ____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation mechanic

11. Industry or business Packing Plant

FATHER
12. Name William A. Twilley
13. Birthplace Maryland

MOTHER
14. Maiden name Sophia E. Higgins
15. Birthplace Maryland

16. Informant Mrs. Nellie Latta

Address 303 Washington St. Cambridge, Md.

17. ____ (Burial, cremation, or removal. Which?) Date thereof Nov. 5, 1939 (month) (day) (year)

Cemetery or crematory GREENLAWN CEMETERY

Location CAMBRIDGE, MARYLAND

18. Funeral director Frank E. Alhaugh

Address CAMBRIDGE, MARYLAND.

19. 11-3 1939 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 2 1939, at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from x 19__, to x 19__, and that I last saw h x alive on x 19__.

Immediate cause of death Coronary Thrombosis — DURATION 2 hrs

Due to x

Due to x

Other conditions x

(Include pregnancy within 3 months of death)

Major findings:
Of operations x

Of autopsy x

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Jos. K. Shriver, Dep. Med. Exam. M. D. or other

Address Cambridge Date signed Nov. 2. 1939

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

10954

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 318 Pine St
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No. ✓
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 318 Pine St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harry Waters

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	colored	divorced

6 (b) Name of husband or wife Mabel Henson
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3 1902

8. AGE: Years 37 Months — Days 13 If less than one day hrs. min.

9. Birthplace Hurlock Md
(Town, county, and state)

10. Usual occupation Gen Laborer

11. Industry or business

FATHER
12. Name Charles Waters
13. Birthplace Hurlock Md

MOTHER
14. Maiden name Mary Jackson
15. Birthplace Hurlock Md

16. Informant Houston Waters
Address 316 Pine St Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 19 39 (month) (day) (year)
Cemetery or crematory Peterskurg Cem
Location Hurlock, Md

18. Funeral director Lewis H. Bayneum
Address Cambridge, Md

19. 11-17-39 (Date rec'd by registrar) John Meade jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 16 1939 at 3:50 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from November 16 1939, to November 16 1939, and that I last saw h-m alive on November 16 1939.

	DURATION
Immediate cause of death Pulmonary Hemorrhage	11-16-39
Due to Pulmonary Tuberculosis	10-?-39
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Carroll M. St Clair M. D. or other
Address Pine & Cedar Sts Date signed 11-16-39

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

10955

Reg. Dist. No. 114

1. PLACE OF DEATH:

County Darchester

City or town Crapo

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) 64-8-10

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Darchester

City or town Crapo Md Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no —

3. (a) FULL NAME John D. Webster —

3. (b) Social Security Number ✓

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced married —

8 (b) Name of husband or wife Lena E Ewell —

✓ 6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 3-15-1875

8. AGE: Years 64 Months 8 Days 10 If less than one day ___ hrs. ___ min.

9. Birthplace Darchester Co. Maryland (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business ✓

FATHER 12. Name John W. Webster

13. Birthplace Va

MOTHER 14. Maiden name Elizabeth Smith

15. Birthplace Md

16. Informant Orville Webster

Address Crapo, Md —

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 27, 1939 (month) (day) (year)

Cemetery or crematory Ebenezer.

Location Crapo Md

18. Funeral director G S LeCompte

Address Cambridge Md

19. Nov 27 1939 (Date rec'd by registrar) Mrs. W. J. Cusick Loc Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 25 1939 at 10.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 17 1939, to Nov. 25 1939, and that I last saw him alive on Nov 24 1939.

Immediate cause of death Chronic Nephritis with General anaemia and Edema

Due to

Due to

Other conditions None.

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy

DURATION 6 mos.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James W. Meade M. D. or other

Address Fishing Creek, Md Date signed Nov. 26/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M)

(T)

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (175)

CERTIFICATE OF DEATH

10956

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

1. PLACE OF DEATH:

County: Dorchester (THIS CORPORATE LIMITS)

City or town: Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge-Maryland Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1½ hours

Stay in this community (yrs., or mos., or days): 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Kane's Court

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mattie Wilson

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	black	widowed

6 (b) Name of husband or wife: Fred. Wilson

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): 1889

8. AGE:

Years	Months	Days	If less than one day
50	x	x	____ hrs. ____ min.

9. Birthplace: North Carolina (Town, county, and state)

10. Usual occupation: housework

11. Industry or business

FATHER — 12. Name: Virgie Williamson

13. Birthplace: North Carolina

MOTHER — 14. Maiden name: Martha J. McBride

15. Birthplace: North Carolina

16. Informant: Mattie Wilson (daughter)

Address: Kane's Court, Cambridge, Md..

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 6-1939 (month) (day) (year)

Cemetery or crematory: Silent City.

Location: Cambridge, Maryland

16. Funeral director: Lewis H. Baumgardner

Address: Cambridge, Md.

19. 12-5 (Date rec'd by registrar) 19 39 John Mace jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 30 19 39, at 3-20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 30 19 39 to Nov. 30 19 39, and that I last saw her alive on Nov. 30/39 19 ____.

Immediate cause of death: haemorrhage and shock — DURATION: 4hrs.

Due to: fractured skull, due to blows of some blunt instrument

Due to: such as a hammer

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: X

Of autopsy: X

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: homicide Date of: Nov. 29/39

Where did injury occur? Cambridge, Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): home

Means of injury: hammer blows Injured at work? no

23. SIGNATURE: Jos. K. Shriver, D. M. E. M. D. or other

Address: Cambridge, Md. Date signed: Nov. 30

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (34)

10957

CERTIFICATE OF DEATH

Reg. Dist. No. 110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town near Hurlock
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 25 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Dorchester
City or town near Hurlock Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Williams Wright

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Lilly Wright
6(c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Sept 17, 1882

8. AGE:

Years	Months	Days	If less than one day
57	1	13	____ hrs. ____ min.

9. Birthplace Virginia (Town, county, and state)
10. Usual occupation Farm Hand
11. Industry or business
FATHER 12. Name William Wright
13. Birthplace Va
MOTHER 14. Maiden name Leonia Brown
15. Birthplace Va
16. Informant Lilly Wright
Address Hurlock
17. Buried (Burial, cremation, or removal. Which?) Date thereof Nov 4 1939 (month) (day) (year)
Cemetery or crematory Washington
Location near Hurlock
18. Funeral director E. B. Walling Jr.
Address Hurlock
19. 11/4 (Date rec'd by registrar) 1939 Chas V Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/1 1939 at 11a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/30 1939 to Nov 1 1939, and that I last saw him alive on 10/31/39 19____.

Immediate cause of death Convulsions
Probably due to Syphilitic Brain Lesion — DURATION

Due to

Due to

Other conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (Where?)
Means of injury Injured at work?

23. SIGNATURE Dr Roger Myers M. D. or other
Address Hurlock Md Date signed 11/4/39

RECEIVED
DEC 5 1939
BUREAU, U. S.